
Accreditation Report – Minnehaha County Detox

Completed: December 6, 2016

Levels of Care Reviewed - Alcohol & Drug Abuse Services:

III.2D Clinically-Managed Residential Detoxification Program

Review Process: Minnehaha County Detox was reviewed by Division of Behavioral Health staff for adherence to the Administrative Rules of South Dakota and Contract Attachments. The level of care reviewed was III.2D Clinically-Managed Residential Detoxification Program. The following information was derived from the on-site accreditation survey of your agency. The strengths, recommendations and citations for a Plan of Correction came as a result of reviewing policies and procedures, personnel and client records, and conducting interviews with administration and agency staff.

Administrative Review Score: 95.6%

Combined Client Chart Review Score: 94.9%

Cumulative Score: 95.1%

Governance

Strengths: The agency welcomes additional site, policy and procedural reviews following the transition of the new management team and conversion to electronic health records. The agency maintains required policies and procedures that are well organized. The agency and Advisory Board are active in engaging community partners to provide improved overall care and outcomes for clients utilizing Detox services.

Recommendations: Per ARSD, the advisory board should meet at least quarterly and maintain minutes of all meetings that include the date of the meeting, names of members attending, topics discussed, actions taken, summary of agency director's report, fiscal reports and quality of care reviews. During the past year, meetings were at times spaced 4-5 months apart. The minutes did not consistently capture all the elements that are required per Rule.

The current Administrative Rules went into effect 12/4/16. The agency's policies and procedures manual will need to be updated as soon as possible to ensure continued compliance. These are ARSD Article 67:61.

Program Services 46:05:13

Strengths: The agency has 24 hour coverage with an appropriate RN, LPN or EMT. There are well established plans in place in the event of a medical emergency. The grievance procedure is posted in an area accessible to clients and contains the appropriate information.

Recommendations: None noted.

Citation for a Plan of Correction:

Per ARSD 46:05:06:02, the agency is required to collect outcome measures on each individual receiving treatment at time of admission and discharge.

A Plan of Correction is required to address this issue which shall include an updated policy and procedure that ensures this data information is being collected. The agency shall identify a time frame for implementation of this policy and procedure, the staff position or title responsible for implementation and the staff position or title responsible for ensuring continued compliance of this Rule.

Personnel

Strengths: All employees are trained in emergency first aid and CPR as required by Rule and governed by policy. All employees are receiving annual TB skin tests. Personnel charts are being maintained for each employee and include the required documentation. Quality of care reviews are being conducted more often than required and are used to provide training and feedback to Addiction Counselor Trainees. Supervision hours for ACTs are being provided and documented as set by the BAPP Standards Manual.

Recommendations: None noted.

Citations for Plans of Correction:

Per ARSD 46:05:05:01, the agency shall provide orientation for all employees within ten working days of hire. The orientation shall be documented and include the following items: (1) fire prevention and safety including location of all fire extinguishers in the facility, instruction in the operation and use of each type of fire extinguisher, and fire evacuation plan and the agency's smoking policy; (2) confidentiality of all information about the clients including a review of 42 CFR, Part 2, and 45 CFR Parts 160 and 164; (3) the proper maintenance of and handling of client case records; (4) the agency's philosophical approach to treatment and the agency's goals, including specific orientation regarding individuals with mental illness, developmental disabilities, substance abuse, gambling addiction or any combination thereof; (5) procedures to follow in medical emergencies or natural disasters; (6) specific job descriptions and responsibilities of the employee; (7) the agency's policies and procedures manual; and (8) the agency's procedures for reporting cases of suspected child abuse or neglect.

Review of personnel charts did not indicate that staff orientation was meeting all requirements per Rule or that orientation was consistently occurring and being documented within 10 working days of hire.

Per ARSD 46:05:05:02, any new employee shall receive a two step method of Mantoux skin test to establish a baseline with 14 days of employment.

Review of personnel charts did show non-compliance with this Rule in one chart.

Plans of Correction will be required to address each of these areas which shall include updated policies and procedures that ensure all identified issues are being addressed. The agency shall identify a timeframe for implementation of the policy and procedure, the staff position or title responsible for implementation, and the staff position or title responsible for ensuring continued compliance of these Rules.

Medication Control

Strengths: All medications were stored appropriately per Rule. The medication cart was in the medication storage room which was locked and the medication cart was locked as well. Medications are only accessible to staff. Medications are stored in their original containers and are administered only to the individual prescribed the medication. Receipt and destruction of medications follow Administrative Rule and Contract Attachments.

Recommendations: None noted.

Environmental Sanitation and Fire Prevention and Dietary Services with Regulation through Department of Health Inspections

Strengths: The agency has documentation to demonstrate compliance with Department of Health and fire inspections. Meals are provided by an outside vendor and the agency has a system in place to track and ensure proper food temperature. A plan is in place to address clients with special dietary needs.

Recommendations: None noted.

Case Record Management 46:05:13:06

Strengths: The agency staff accurately document required vital screenings. The agency frequently exceeds the recommended screening requirements. In addition to screening the patient's vitals, the agency uses the screening tools, COWS and CIWA, to monitor their clients. The agency staff document programming is offered, and whether or not the client attends. In several files, the client attended an individual session if they refused to go to group.

Recommendations: Per ARSD 46:05:09:09, a Clinically-Managed Residential Detoxification Program, Level III.2D, is not specifically required to provide evidence that treatment is individualized and client centered. However, the agency should aim toward providing treatment that addresses the unique needs of the client by introducing and documenting alternative treatment/educational options when the client refuses the format offered.

Review of the progress notes documentation indicated the show “Intervention” and movies such as “Leaving Las Vegas” and “One Who Flew Over the Cuckoo’s Nest” were the program material frequently offered.

Citations for a Plan of Correction:

Per ARSD 46:05:09:10 (2) &(3) All programs, except prevention programs shall record and maintain a minimum of one progress note weekly in each client’s case record to document counseling sessions with the client and to summarize a significant events occurring throughout the case management process. Progress notes for counseling sessions shall include the following information:

(2) A summary of the client’s feelings and behavioral or attitudinal observations, which may include the client’s statements during the session;

(3) The counselor’s assessment of the client’s involvement in the issues discussed and in the treatment process, and the client’s actions and behaviors as they relate to the problems, objectives, goals and tasks identified in the client’s treatment plan;

Progress notes were written for clients. In the notes, there was a good description of what the movies or group was about. The progress notes lacked the counselor’s assessment of the client’s involvement and a summary of the client’s feelings and/or behaviors. In the progress notes there would be quotes from the client such as “that was a good movie” which is very minimal.

Per ARSD 46:05:18:10(5)(d) Refer the client to alcohol and drug abuse services pursuant to the initial assessment and the requirements of 42 U.S.C §§ 290 dd-3, ee-3, 42C.F.R Part 2 (June 9, 1987), and 45 C.F.R Parts 160 and 164 (April 17, 2003);

Two out of the eight charts reviewed were missing the reference to 42 U.S.C and 45 CFR. The client orientation on the computer mentions 42 U.S.C, 45 C.F.R is mentioned on a separate check list that is scanned into the client’s file.

Plans of Correction are required to address these issues which shall include updated policies and procedures that these areas are being addressed and corrected. The agency shall identify a time frame for implementation of this policy and procedure, the staff position or title responsible for implementation and the staff position or title responsible for ensuring continued compliance of this Rule.